of fever, weight loss, swollen neck glands, sore throat, and decreased appetite. A workup at the time confirmed a diagnosis of EBV mononucleolosis syndrome, confirmed by serology. The patient had been on Imuran. A decision was made at the time to discontinue her Imuran therapy in view of her significant symptoms with resolution of her symptoms. By September a decision to restart imuran was made. The patient presented next in November of the same year, with a 5 week history of fever, weight loss, abdominal pain, and loss of appetite. W/up included CT chest, abdomen and pelvis, and a colonoscopy. CT chest showed micronodularity in both lung fields, and lesions seen in spleen and liver. Colonoscopy identified ulcerations at the level of the cecum, multiple biopsies were taken: mild colitis at the level of the sigmoid colon, at the level of the cecum atypical lymphocytes admixed with histiocytes and plasma cells, and positive on EBV staining. A liver biopsy of one of the lesions showed extensive necrosis, atypical lymphocytes, histiocytes, very occasional plasma cells, and eosinophils, again EBV stains were positive, CD68+ and CD3+ T cells. A EBV PCR semiquantitative at the time showed 100–1000 per million PBMC. Given the polyclonal nature of the PTLD, and incomplete response to lowering immunosuppression in the past, a decision was made to start ganciclovir at a dose of 200 mg q12h IV for 7 days. The patients symptoms improved within a week, and f/up biopsy of the cecum in December showed florid granulation tissue with inflammatory exudates small T cells(CD3 positive), but negative on EBV stains. The f/up EBV PCR semiquantitative showed 10–100 per million PBMC.

Conclusions: There have been a few reports of EBV related PTLD in patients with Crohns Disease.(Table 1) In most cases EBV rel. PTLD resolves with lowering of immunosuppression, but in select cases of polyclonal PTLD, ganciclovir therapy can be an effective treatment option.

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Generalized *Aspergillosis* Presenting as Thyroid Abscesses in a Patient with Wegener's Granulomatosis

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Background: Invasive *aspergillosis* is a severe complication occurring most commonly in neutropenic patients with leukemia or bone marrow transplantation. We describe the course and the antifungal treatment of in a non-neutropenic patient with generalized *aspergillosis*.

Case report: A 63-year old woman with renal Wegener's granulomatosis developed fever refractory to imipenem, vancomycin and fluconazole after 3-months treatment with cyclophospamid (1 g every 4 weeks) and prednisolon 0.5–1 mg/kg. A CT scan showed abscesses in the thyroid gland besides unspecific infiltrates within both lungs. The aspiration of a thyroid abscess yielded the growth of *Aspergillus flavus*. The patient did not respond to the treatment of voriconazole and was transferred to our hospital.

The patient was in a reduced general condition with a normal neutrophil count, a slightly elevated serum creatinine and no signs of active Wegener's granulomatosis. A MRT of the skull revealed a lesion in the brain compatible with cerebral *aspergillosis*. The CT scan of the lung was suggestive for pulmonal *aspergillosis*. A combination therapy with amphotericin B (1 mg/kg/24 h) plus caspofungin 50 mg/d was started. All immunosuppressive treatment was stopped. The patient's condition improved. However she complained of increasing nausea and absolute loss of appetite. Thus parenteral nutrition was started. Eight weeks after initiation of therapy, the cerebral lesion was slightly smaller, the pulmonal lesions were increasing. Additionally, subcutaneaous nodules and abcesses in the myocardium were detected. Artificial respiration had to be started because of respiratory failure. A further aspiration of the still existing thyroid abscesses revealed masses of hyphal elements but no growth in the fungal culture. Panfungal PCR hinted the presence of an ascomycete other than *Aspergillus*. The antifungal therapy was switched to amphotericin B plus voriconazole, then to oral posaconazole. The patient improved. Because of increasing cholestasis, posaconazole was stopped after 3 weeks. The patient died 14 days later. The autopsy revealed suppurative cholangitis, the cultures are still pending.

Discussion: Generalized *aspergillosis* is considered a disease in neutropenic patients. However, in severely immunosuppressed patients multifocal fungal disease caused by more than one fungal species may develop.